PART B - FEE(S) TRANSMITTAL

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indicated unless correct	ed below or directed oth	nerwise in Block I, by (a				arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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CLARK & ELBING LLP 101 FEDERAL STREET BOSTON, MA 02110				Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	TA AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/721,774 11/26/2003			Christer Nordstedt		50291/016003	6338
TITLE OF INVENTION	I: PEPTIDE BINDING T	THE KLVFF-SEQUENCE	E OF AMYLOID-BETA			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	09/13/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]		
BORIN, MICHAEL L		1631	514-002000	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Neurochem (International) Limited Ecublens, Lausanne, Switzerland						
	-	-				
4a. The following fec(s) XIssue Fee	are submitted:	41	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2095 (enclose an extra copy of this form).			
	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMALL E	ENTITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	office.	the applicant; a register	ed attorney or agent; or t	he assignee or other party in
Authorized Signature	Sison M.	Muchand	and the state of t	Date <u>Sept</u>	mber 10,20	07
Authorized Signature Mon M. Michaud Date September 10, 2007 Typed or printed name Susan M. Michaud, Ph.D. Registration No. 42,885						
an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 d application form to the ions for reducing this bu //irginia 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th ONOT SEND FEES OR	on is required to obtain or 1.14. This collection is es depending upon the indivention office COMPLETED FORMS Topond to a collection of in	timated to take 12 minu vidual case. Any comm er, U.S. Patent and Trad O THIS ADDRESS. SE	ites to complete, including ents on the amount of the amount of the semark Office, U.S. Depender TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, I number.